



Swine-Origin Influenza A (H1N1) Virus: Implications for Long-Term Care

April 30, 2009

A Joint Statement of the Members of the Long Term Care Professional Leadership Council (LTCPLC)

Summary

The outbreak of swine-origin influenza A virus (S-OIV) has been underway for only a brief time and it is still too early to determine the ultimate extent and severity of this situation. No cases of S-OIV have yet been reported in long-term care residents. Long-term care facility staff should take prudent steps to prepare for an outbreak of S-OIV, but should not be unduly alarmed. By taking steps to prepare, facility leadership can exhibit confidence and calm. This preparation is important regardless of the outcome of the present S-OIV outbreak, since an influenza pandemic can happen at any time.

Introduction

The LTCPLC is issuing this release on S-OIV to educate health professionals and others involved in delivery of services to long-term care residents. Since the U. S. Centers for Disease Control and Prevention first alerted the world of human cases of influenza caused by this new virus, it has spread rapidly. The World Health Organization has raised the pandemic alert level to level five on a six-point scale, just short of declaring a full pandemic.

In this context, residents of nursing facilities and assisted living communities are considered by the CDC to be at high risk for influenza. The residents are vulnerable due to multiple morbidities, diminished immune capacity, and close proximity of residents to one another. These facilities also have high interaction with the surrounding community due to facility staff, visitors, and others frequently going in and out of the buildings. Residents themselves also frequently transfer to and from the hospital or other settings.

LTCPLC Recommendations

1. Prepare for a possible outbreak of S-OIV before it happens.

All long-term care facilities should immediately develop or put in place an action plan for an influenza outbreak, if this has not already been done. All facility leadership should contribute to and be fully aware of this action plan. The participants should include:

- Facility administrator
- Director of nursing
- Medical director

- Consultant pharmacist
- Infection control nurse
- Representative of dispensing pharmacy
- Dietician
- Other pertinent facility staff

In addition, the facility should ensure that adequate supplies of needed equipment and materials (such as masks and antiviral medications) are on hand or readily available from the pharmacy or other supplier.

2. *All facility staff should be trained to understand the importance of influenza and signs or symptoms of possible influenza onset.*

Since the S-OIV is new, little is known at this point about differences in presentation of this virus in the elderly versus younger populations. With seasonal influenza, the presentation of symptoms in the elderly may be different in the elderly than in younger persons. Fever may be absent or very mild in the elderly. Malaise or fatigue may be the primary presenting symptom in some cases. Any staff member who suspects that a resident may have symptoms of influenza should report this to a nurse immediately. If appropriate, the nurse should contact the attending physician. If S-OIV is suspected, appropriate facility personnel should be notified immediately (including nights or weekends) so that the action plan can be quickly implemented.

3. *Since the time for seasonal influenza is over, any resident who develops flu-like symptoms should be considered a possible case of S-OIV until proven otherwise.*

When a resident has flu-like symptoms, the health department should be notified immediately and samples should be sent for confirmatory testing.

4. *The facility influenza action plan should address the role of antivirals in the treatment of cases of S-OIV and in the prophylaxis of influenza among residents and facility personnel.*

The use of antivirals is especially important in the case of S-OIV since there is no vaccine. No one has immunity to this virus. The S-OIV is resistant to amantadine and rimantadine, but is sensitive to oseltamivir (Tamiflu®) and zanamivir (Relenza®). If begun within 48 hours of onset of symptoms, antivirals can help reduce severity of symptoms and reduce the risk of mortality. Antivirals can also prevent onset of symptoms in individuals who are exposed to the virus.

Facilities should coordinate with the long-term care pharmacy to ensure access to adequate supplies of antiviral medicines before an outbreak occurs, so that the antivirals can be administered in a timely manner.

5. *Key facility staff should actively monitor the progress of S-OIV transmission and make arrangements to be notified if any cases are identified in the surrounding community.*

Key facility staff should be proactive and take advantage of local resources to be aware if S-OIV reaches the community. Hospitals, school systems, health departments or other resources may be valuable in keeping the facility informed of significant developments. Ask to be alerted if any cases are identified. Monitor national, state and local resources and Web sites, such as the CDC swine flu page at: www.cdc.gov/swineflu

The World Health Organization also provides daily updates on S-OIV on their designated Web page at:
<http://www.who.int/csr/disease/swineflu/en/index.html>

The Long Term Care Professional Leadership Council (LTCPLC) was formed in 2006 to foster collaboration among the key professions that provide leadership in Long Term Care and have a role mandated by regulation. The LTCPLC Steering Committee is composed of key leadership from ACHCA, AMDA, ASCP, and NADONA. The LTCPLC’s Professional and Technical Advisory Group (PTAG), consists of key industry stakeholders including Clinical Practice Professionals, Ancillary Services Professionals, Product and Service Provider Professionals, and Government and Regulatory Agencies. The PTAG works together with the Steering Committee to create opportunities for dialogue and provide guidance to the industry.

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